	DECLARATION/ POWER OF ATTORNEY			335US			
FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named In		ISTIAN MUELLE	ER 		
			COMPLETE IF KNOWN				
		Application Nur	mber:		 		
Declaration Submitted	Declaration Submitted after Initial	Filing Date:					
With Initial Filing	Filing (surcharge (37 CFR 1.16 (e))	Art Unit:			-		
	required)	Examiner Nam	e:				
I hereby declare that:		·					
Each inventor's residence, mailing	address, and citizenship are a	is stated below next to th	neir name				
I believe the inventor(s) named be sought on the invention entitled:	low to be the original and firs	et inventor(s) of the subj	ere matter which is clai	imed and for v	vhich a patent is		
	TEST HEAD POSITIO	NING SYSTEM	ND METHOD				
the specification of which							
is attached hereto			•				
OR		\cdot					
was filed on as (MM/DD/YYYY) (if applicable including the claims, as amended by	United States Application (e). I hereby state that I have by any amendment specifically	reviewed and understa	Application Number and the contents of the	and wa above identifi	s amended on ed specification,		
I acknowledge the duty to disclose applications, material information w filing date of the continuation-in-part	application.	en the filing date of the p	prior application and the	e national or P	CT international		
I hereby claim foreign priority bene breeder's rights certificate(s), or 38 of America, listed below and have rights certificate(s), or any P&T inte	also identified below, by chec	application which designation the box. any foreign	ated at least one count in application for paten	ry other than th	ne United States		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C Yes	opy Attached?		
				162	No.		

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:							
Practitioners at Customer Number <u>23122</u> or affix Customer Number Bar Code Label here OR							
Practitioner(s) named below:							
Name		Registration Number					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Direct all correspondence to: Practitioners Customer Number listed above: OR							
Correspondence Address Below							
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City: Valley Forge State: PA	State: PA Zip: 19482						
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I hereby declare that all statements made herein of my pwn knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent ssued thereon.							
Name of Sole or First Inventor	☐ A Petition has been	n has been filed for this unsigned inventor.					
. Given Name (first and middle (if any))							
	Family Name or Surname						
CHRISTIAN	MUELLER						
Inventor's Signature			Date:				
Residence: City: ROSENHEIM State:	Country: GERMANY	RMANY Citizenship: GERMAN					
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